

ISSUE SLIP STAPLE AREA (for additional sheet references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
C.I.P.E. CLASSIFIER			
FORMALITY REVIEW		10	1-24-61
RESPONSE FORMALITY REVIEW			02/20/61

INDEX OF CLAIMS

Rejected M  
 Allowed I  
 (Through number 8) Canceled A  
 Restricted G  
 Non-elected  
 Interference  
 Appeal  
 Objection

121

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
27		27		27	
28		28		28	
29		29		29	
30		30		30	
31		31		31	
32		32		32	
33		33		33	
34		34		34	
35		35		35	
36		36		36	
37		37		37	
38		38		38	
39		39		39	
40		40		40	
41		41		41	
42		42		42	
43		43		43	
44		44		44	
45		45		45	
46		46		46	
47		47		47	
48		48		48	
49		49		49	
50		50		50	
51		51		51	
52		52		52	
53		53		53	
54		54		54	
55		55		55	
56		56		56	
57		57		57	
58		58		58	
59		59		59	
60		60		60	
61		61		61	
62		62		62	
63		63		63	
64		64		64	
65		65		65	
66		66		66	
67		67		67	
68		68		68	
69		69		69	
70		70		70	
71		71		71	
72		72		72	
73		73		73	
74		74		74	
75		75		75	
76		76		76	
77		77		77	
78		78		78	
79		79		79	
80		80		80	
81		81		81	
82		82		82	
83		83		83	
84		84		84	
85		85		85	
86		86		86	
87		87		87	
88		88		88	
89		89		89	
90		90		90	
91		91		91	
92		92		92	
93		93		93	
94		94		94	
95		95		95	
96		96		96	
97		97		97	
98		98		98	
99		99		99	
100		100		100	
101		101		101	
102		102		102	
103		103		103	
104		104		104	
105		105		105	
106		106		106	
107		107		107	
108		108		108	
109		109		109	
110		110		110	
111		111		111	
112		112		112	
113		113		113	
114		114		114	
115		115		115	
116		116		116	
117		117		117	
118		118		118	
119		119		119	
120		120		120	
121		121		121	
122		122		122	
123		123		123	
124		124		124	
125		125		125	
126		126		126	
127		127		127	
128		128		128	
129		129		129	
130		130		130	
131		131		131	
132		132		132	
133		133		133	
134		134		134	
135		135		135	
136		136		136	
137		137		137	
138		138		138	
139		139		139	
140		140		140	
141		141		141	
142		142		142	
143		143		143	
144		144		144	
145		145		145	
146		146		146	
147		147		147	
148		148		148	
149		149		149	
150		150		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here  
 LEFT INSIDE.